Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER	
[(Column	1)	(Colu	ımn 2)		TYPE		OR	SMALL	ENTITY
TOTAL CLAIMS			22					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00
TC	TAL CHARGE	ABLE CLAIMS	M minus 20=		· V			X\$ 9=		OR	X\$18=	90
INDEPENDENT CLAIMS			√ mi	nus 3 =	* /			X43=		OR	X86=	89
ML	ILTIPLE DEPEN	NDENT CLAIM P	RESENT					+145=		1	+290=	,
* If the difference in column 1 is less than zero, enter "0" in colum						column 2		TOTAL		OR OR	TOTAL	946
CLAIMS AS AMENDED - PART II								TOTAL		JON	OTHER	THAN
	J	(Column 1)		(Colun		(Column 3)		SMALL	ENTITY	OR	SMALL E	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIC PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	į
ME	Independent	*	Minus	***		=	Ì	X43=		OR	X86=	
L	FIRST PRESE	NTATION OF MI	JLTIPLE DEPENDENT		CLAIM	V		+145=			+290=	
							. [TOTAL		OR	TOTAL	
								ADDIT. FEE	<u> </u>	OR	ADDIT. FEE	
		(Column 1)	,	(Colun		(Column 3)				•		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIC PAID I	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	<u> </u> *	Minus	***		=		X43=		OR	X86=	
	FIRST PRESE			+145=			+290=					
	_									OR	TOTAL	
									f-	OR	ADDIT, FEE	
		(Column 1)	(Column 3)	_		:	_					
AMENDMENT C	:	CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIC PAID I	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**	<u>.</u>	=		X\$ 9=	•	OR	X\$18=	
AME	Independent	*	Minus	***		<u> </u>		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							.14E			. 200	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								+145= TOTAL	-	OR	+290=	
**	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."								'	OR ,	TOTAL ADDIT. FEE	
		nber Previously Pai					r four	nd in the app	ropriate box	in col	umn 1.	